

LONGITUDINAL STUDY OF VAGINAL FLORA
Center for Research in Women's Health
SCREENING FORM

Complete this form on all patients screened. If patient is eligible and consenting, schedule baseline visit. If patient is missed by recruiter at JCDH, complete screening data, call and recruit. A TFOO should be completed with this form.

1. DATE: ____/____/____ 2. LAST NAME: _____ 3. FIRST NAME: _____	TO BE COMPLETED BY OFFICE ONLY NAME CODE: ____ . ____ SCREENING NO. _____ (Screening no. assigned at time of data entry)																
4. RACE: _____	1 = BLACK/AFRICAN AMERICAN 2 = WHITE 3 = AMERICAN INDIAN/ALASKAN NATIVE (ALEUT, ESKIMO INDIAN) 4 = ASIAN/PACIFIC ISLANDER 5 = HISPANIC OR LATINO 6 = BI-RACIAL/MULTI-RACIAL 7 = OTHER, SPECIFY _____																
5. CONTACT CONSENT CODE: _____	C = CONSENT TO APPOINTMENT R - 2 = REFUSED SCREEN R - 4 = FOUND TO BE INELIGIBLE FOR THIS PROJECT/DID NOT MEET PROJECT SPECIFIC CRITERIA																
6. EXCLUSION CODE: ____ (____)	<u>EXCLUSION CODES</u> 1 = Immunocompromised status (a). Receiving or expected to receive in next 12 months cytotoxic or immunosuppressive drugs. (b). Receiving or expected to receive in next 12 months one or more 30 day course of systemic corticosteroids. (c). Congenital or acquired immune deficiency; known HIV positivity. (Women who unexpectedly develop one of these conditions during their participation will continue to be followed, unless a specific contraindication arises.) 2 = Primary or secondary affective disorder, psychosis, or emotional or intellectual limitations that preclude informed consent. 3 = Non-fluency in English 4 = Post-menopausal (natural or surgical) 5 = Status post hysterectomy or expected to undergo hysterectomy in next 12 months 6 = Status post pelvic radiotherapy, or expected to undergo pelvic radiotherapy in next 12 months 7 = Receiving or expected to receive chronic (daily for at least 30 days) antibiotics in the next 12 months 8 = Planning to move out of the area in the next 12 months 9 = Participating or expected to participate in a clinical trial in which antibiotics or topical microbicides will be administered in a blinded manner. 10 = Other, Specify: _____																
7. CENTER CODE:(____) - ____ (JCDH MR #) *If center code is 12, specify _____ 8. UAB MR#: _____	<u>CENTER CODES</u> <table border="0"> <tr> <td>CHC = 01</td> <td>NHC = 06</td> <td>Self-referral = 10</td> </tr> <tr> <td>BHC = 02</td> <td>MHC = 07</td> <td>Phone recruit = 11</td> </tr> <tr> <td>WHC = 03</td> <td>LHC = 08</td> <td>*Answer Ad/Brochure = 12</td> </tr> <tr> <td>CMC = 04</td> <td>TKC = 09</td> <td>Received mail-out = 13</td> </tr> <tr> <td>EHC = 05</td> <td></td> <td></td> </tr> </table>		CHC = 01	NHC = 06	Self-referral = 10	BHC = 02	MHC = 07	Phone recruit = 11	WHC = 03	LHC = 08	*Answer Ad/Brochure = 12	CMC = 04	TKC = 09	Received mail-out = 13	EHC = 05		
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9. CLINIC CODE: _____ *If clinic code 9, specify _____	<u>CLINIC CODES</u> <table border="0"> <tr> <td>1 = Family planning</td> <td>5 = UAB Student Health</td> <td>*9 = Other</td> </tr> <tr> <td>2 = Adult health</td> <td>6 = UAB Mood</td> <td></td> </tr> <tr> <td>3 = EPSDT</td> <td>7 = UAB Hueytown</td> <td></td> </tr> <tr> <td>4 = NA</td> <td>8 = B. Gleason</td> <td></td> </tr> </table>		1 = Family planning	5 = UAB Student Health	*9 = Other	2 = Adult health	6 = UAB Mood		3 = EPSDT	7 = UAB Hueytown		4 = NA	8 = B. Gleason				
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